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Case 2:07-04	ENDER: COMPLETE THIS SECTION	ument 6	COMPLETE THIS SECTION ON DELIN	202 1 of 1
	i Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the manner.	everse		☐ Agent☐ Addressee C. Date of Delivery //-/3 ○7
3,000	Infinition Infinition Deputy Warden Rowell Kilby Correctional Facility P.O. Box 150 Mt. Meigs, AL 36057		address different from item 1?	
			3. Service Type Certified Mail Registered Return Recei Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	POF (NP) ipt for Merchandise □ Yes
2	Article Number (Transfer from service la. 7006	2760	0005 4873 0614	
	Cohruary 2004	Domestic Re	eturn Receipt	102595-02-M-1540